

ORIGINAL

AO 240 (DELAWARE REV 7/00)

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

FILED

MAY 17 2005

U.S. DISTRICT COURT
DISTRICT OF DELAWAREPlaintiff INDAL H. MENDEZAPPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

V.

Defendant(s) DELAWARE STATECASE NUMBER: 05 - 305

I, INDAL H. MENDEZ declare that I am the (check appropriate box)
☐ Petitioner/Plaintiff/Movant ☒ Other in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration

AS YOU KNOW IT WAS AT S.C.I. IN GEORGETOWN DELAWARE

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

Have the institution fill out the certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past SIX months' transactions. Ledger sheets are not required for cases filed pursuant to 28:USC §2254.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

AS YOU KNOW THIS WORK FOR ME SAMELY MONTH AND IT WAS LIKE \$1600 A MONTH

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

I declare under penalty of perjury that the above information is true and correct.

Date: 05/12/05

Signature of Applicant Ida L. Mendez

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ _____ on account his/her credit at (name of institution) _____.

I further certify that the applicant has the following securities to his/her credit:

_____.

I further certify that during the past six months the applicant's average monthly balance was \$ _____

and the average monthly deposits were \$ _____

Date

Signature of Authorized Officer

(NOTE THE REQUIREMENT IN ITEM 1 FOR THE INMATE TO OBTAIN AND ATTACH LEDGER SHEETS OF ACCOUNT TRANSACTIONS OVER THE PAST SIX MONTH PERIOD. LEDGER SHEETS ARE NOT REQUIRED FOR CASES FILED PURSUANT TO 28:USC §2254)

DELAWARE CORRECTIONAL CENTER
INMATE REQUEST FOR CERTIFIED TRUST FUND
ACCOUNT STATEMENT OF PRIOR SIX MONTH PERIOD

TO: Mr. Joseph Hudson, Manager
Delaware Correctional Center
Smyrna, Delaware 19977

Date: 05/12/05, _____

FROM: Isiah Mendez
Inmate Name (Please Print Name)

SBI# 43331

- I HEREBY CERTIFY -

Pursuant to the Prison Litigation Reform Act, 28 U.S.C. 1915 (a) (2), effective April 26, 1996, I am requesting a certified Statement of my Institution Trust Fund Account for the previous six month period. Please forward same to me.

Isiah Mendez
Signature
(28 U.S.C. 1746 and 18 U.S.C. 1621)

Certificate of Service

I, _____, hereby certify that I have served a true
and correct cop(ies) of the attached: _____
_____ upon the following
parties/person (s):

TO: _____

TO: _____

TO: _____

TO: _____

BY PLACING SAME IN A SEALED ENVELOPE and depositing same in the United States Mail at the Delaware Correctional Center, 1181 Paddock Road, Smyrna, DE 19977.

On this _____ day of _____, 2005
